before sending the man a long distance on a stretcher; his chances of life were less if sent back without this preliminary treatment.

Dr. Carpenter said that an interesting case came under his observation where at an autopsy on a man who had been shot through the stomach and lived three weeks, the stomach wounds were found completely healed. An abscess, the cause of his death, was found lower in the abdomen.

Dr. Cooper said that in the Boer war a surgeon who had been shot in the abdomen refused absolutely to take any sort of nourishment tendered him by well-meaning attendants on the field. He had eaten but little for some time before and his stomach was empty. The wound in the abdomen healed rapidly and the connection between the patient's abstinence and recovery was interesting.

Dr. Morton said that he advocated drainage; if the wound be clean and sepsis not feared through the introduction of cloth or substance adhering to the bullet, close it up.

Dr. Goodfellow in closing said his paper was more in the nature of suggestion than otherwise. In regard to wound being aseptic through the agency of the bullet, the latter does not carry microbes. He advised non-interference with small-caliber wounds in abdomen. With large caliber wounds there are few if any recoveries—the mucous membrane and intestines are badly torn. With small-caliber the mucous membrance will at times evert and the contraction of the muscular fibers close the wound. When several tears occur, he had performed a V-shaped operation to get at the injuries all at once. With regard to the empty stomach, it had been his observation that soldiers' stomachs were usually in that condition to a more or less degree.

Dr. E. G. Frisbie exhibited portions of intestines removed in an autopsy just performed by himself and Dr. Kelly. A band of adhesions due to previous inflammatory trouble had formed between the kidney and abdominal parietes, through this about eight feet of intestine had passed and become strangulated. In examining the intestine he noticed a very long and peculiar Meckel's diverticulum, which was exhibited.

Letters were read from Governor Pardee acknowledging his honorary membership in the Society, and promising to give careful consideration to all bills coming to him relating to medical legislation.

Dr. Carpenter read the draft of a letter to be sent to President Roosevelt advocating the appointment of Dr. Chester Rowell, at present State Senator from the Sixteenth District, to membership on the Panama Canal Commission. On motion the letter was accepted as the sense of the Society and ordered to be sent to the President.

CALIFORNIA ACADEMY OF MEDICINE.

The regular meeting of the Academy was held at the offices of Dr. Sherman on the evening of January 27th, Dr. Montgomery in the chair.

Dr. Harry M. Sherman presented a patient showing recovery from pus joint at the knee. Dr. Sherman said that the point he wished to make in presenting the case was that a brisement at any time in the course of the case would have been a trauma. The tendency of these knees is to pass gradually into a flexed position, that tendency had been combatted, and apart from that the knee had been left to joggle itself loose. The patient says his range of motion is still increasing.

Dr. Douglass W. Montgomery showed a patient suffering from Leukoplasia of the Tongue that appeared during secondary syphilis. He said:

"Leukoplasia rarely occurs in the secondary stage of syphilis. Danlos, in reporting a case, searched the literature in vain for any reference to it previous to March, 1898.

"The patient, a Scotchman, 37 years of age, came to the University Clinic August 23, 1901. Except for rheumatism, the family history was good. Both his father and mother are alive. His mother suffers from rheumatism, and an older brother has rheumatism of the left shoulder. In August of 1900 the patient acquired a sore on the lower surface of the penis while in Manila, P. I. This disappeared without anti-syphilitic treatment. In October of that same year he was bedridden with rheumatism of the right ankle. About February of the next year he showed symptoms of secondary syphilis. When he came to the clinic he had a generalized lenticulopapular syphilid.

"The most troublesome lesions he had, however, were in the mouth. The dorsum of the tongue was covered with large, flat papules, and there were a great number of mucous patches on the inner surface of the lips and cheeks. The patient both smoked and drank. Under treatment the papules on the back of the tongue slowly subsided, giving place to glossitis, the smooth, bald tongue of secondary syphilis, and mucous patches. These lesions in turn gradually ceded, and in their place the tongue became leukoplasic. There is a deep furrow down the middle of the tongue, which is probably a natural feature. The dorsum of the tongue is coated with a coating such as is seen in indigestion. Over a large part of the anterior surface of the dorsum of the tongue there is a white opalescent coating which is particularly dense, solid, smooth and white in two patches. These patches are situated symmetrically, one on each side of the median line well out toward the edges of the tongue, where there were formerly two persistent mucous patches. These particular mucous patches were situated in leukoplasic areas, and were covered by a dirty gray coating.

"The tongue is not at present nearly so painful as it used to be. At one time it was spontaneously painful, but now it is only unduly sensitive to such things as hot drinks, pepper, spices, and to touch from food or the teeth.

"Syphilis and arthritism are recognized as the two great constitutional causes of leukoplasia, and tobacco, excessive mercurial treatment, alcohol, spices, vinegar, unclean, irregular, or absent teeth are the principal local causes. This patient has present quite a respectable number of the above causes, and therefore the prognosis cannot be considered very favorable. Barbe and Gaucher have, however, reported two cases where the leukoplasia of secondary syphilis disappeared under treatment with mercury, and the patient in the present instance is slowly improving.

"In this case the treatment with mercury was at first tentative, because the patient was able to come to the clinic only once every two weeks, and it was feared he might, while absent, get stomatitis, and an increase of the irritation in the mouth. Because he was getting small doses of mercury he was also given iodid of potash for its additional effect in combatting the syphilitic virus. Afterwards he was able to come to the clinic once a week, and at each visit he was given an intramuscular injection of a gram of a one per cent solution of bichlorid of mercury. For the past five months he has been receiving, with fair regularity, three such injections a week of one or two centigrams of bichlorid of mercury. Locally the tongue has been swabbed with a 10 per cent soluton of chromic acid. The above-mentioned persistent erosions were induced to heal by scrubbing them with a strong (five per cent) solution of bichlorid of mercury in alcohol. It was considered

very important to secure healing of them for fear they should become the starting point of epithelioma."

Dr. S. J. Hunkin presented a patient showing recovery from operation for tuberculosis of the ankle joint.

Dr. Hunkin said, in presenting the case:

"Attention is called in the foot of the boy on the table to the result attained by what I think is a new operation for tuberculosis of the astragalus. It has long been accepted that in the great majority of cases of ankle joint tuberculosis the original focus is located in the astragalus, and especially so in the head of the bone, and later involves the joint by extension to contiguous tissues. Modern surgeons, therefore, have practiced a rather early radical extirpation of the astragalus as the acme of conservative surgery, when a diagnosis of focal tuberculosis astragalus has been made and good results have thereby been usually secured; and at present a foot riddled with sinuses, leading to a tuberculous tissus, evidences rather bad surgery in a child who has been under regular treatment. Practicing along these lines I had been often surprised after the extripation of the astragalus in the early cases to find how very little the cortex of the bone had suffered, and also in the later cases, when the osseous structure of the bone was perhaps entirely disorganized. Often the articular cartilages, except for a few tiny (worm-eaten looking) punctures, in a small area or areas were apparently unchanged and the joints, notwithstanding these apparent punctures, were seemingly normal. One has the feeling that if the bone focus could have been removed and the progress of the disease checked, the joint would have recovered. While resecting the bone by the anterior incision the exact condition of the joint surfaces was especially evident only after the astragalus was in the basin; but later, operating by the Kocher method, it was found that the condition of the joint cartilages and the absence of joint involvement was demonstrable before the bone was extirpated.

"In two cases of relapsed talipes varus following a suggestion (I think) of Cheadle, I had trephined the astragalus from the external surface and hollowed out its interior sufficiently to allow of a partial collapse, which secured an easier and a better replacement of the foot. Although the astragalus in these cases must have been greatly altered in shape, a movable ankle joint resulted and I determined that in the next case of tuberculosis astralagus, finding the joint of normal appearance, I would remove the bony tissue and leave the cortex *in situ*; and this maneuver was successfully performed in the boy presented. The Kocher incision and disarticulation of the foot showed both the tibial and calcaneal articular surfaces apparently healthy. The bone was then trephined in the outer surface and found tuberculosis, when the whole osseous structure was removed with the curette. In order to be sure that every particle of bone was removed, the head was also opened on the internal surface of foot, so that the whole cavity was readily explored—the seapho-astragalus joint was exposed and found satisfactory, and then, as most of the swelling had been around the head of the astragalus, the contiguous seaphoid was trephined and demonstrated to be sound, and closed. The cavity of the astragalus was then filled with carbolic acid, the joint surfaces were flooded with the same, followed as usual with alcohol, and the wound closed, except for a small opening on either side, allowing for drainage through the bone. Daily thorough douching was practiced a few times, until collapse or contraction of the cavity prevented it. There was considerable inflammatory reaction for a few days in the ankle joint, but otherwise healing was uneventful and the wound was closed in about two weeks. The boy is now rather less than three months from the operation and the result is before you. The boy has not yet been allowed to walk upon the foot, although, except for the scars, it appears in every respect normal. All motions of the ankle are nearly, if not quite, perfect, and examination barely shows which is the foot operated upon. In every respect it shows a decided advantage over the result shown by resection, and in selected cases the operation can be expected to give a much better functional result."

Dr. Sherman said that Dr. Hunkin's work was on the right lines. An early operation to remove a tuberculous focus was in order whenever the focus could be located and reached. The hope was that other foci did not exist and that the disease was being jugulated. In this, one had varying fortunes—sometimes success and sometimes failure. So far as the astragalus was concerned, he had made a practice of removing the whole bone, as the foot did excellently without it; and then, he was sure all the foci were out.

Dr. Rixford said he did not think it necessary to cut the tendons in the operation. Dr. Hunkin replied that the tendons were frequently cut accidentally, but that the repair could easily be made.

Dr. Rixford in congratulating Drs. Sherman and Hunkin on the success of their operations quoted the late Dr. Elias Cooper as saying that the surgeons of San Francisco obtained a greater number of good results in their operations than those of any place in his knowledge.

Dr. Philip King Brown read a preliminary report on his observations of strongyloides intestinalis and exhibited microscopic specimens of embryotic parasites.

Dr. George H. Evans discussed the report.

Dr. Sherman presented a large palm thorn, fully 3 cm. long and about 4 mm. wide at its base, which he had removed from the flexure of the elbow of a boy that morning. The boy had hurt his elbow three weeks before and a large loose fragment was found detached from the bone, just in front of the epitrochlea. There had been no wound and very little impairment of motion, but tenderness, especially if the fragment was touched. By much questioning the history of a previous fall into a palm plant a year before was elicited and at that time there was a little "pin prick," but there had been no lameness nor disability following. Dr. Sherman agreed with the diagnosis of a probable fracture, though just what he could not say, and had cut down on the thorn. It was extraordinary that so large a foreign body had lain in a place of such constant motion as a boy's elbow for a year without causing local symptoms.

One would have expected that, as the tissues pressed against this thorn, the greater pressure on the base, as compared with its point, would have moved it along to some more quiet location; but this particular thorn had waited for the concussion of a second fall to start it on its journey.

Resolutions were passed condemning proposed medical legislation. (Resolutions in full will be found on page 98.)

The building for the National Medical College, the erection of which was provided for by a decree published December 1, 1888, is about completed. The structure is two stories high, and of Greek architecture. It will be fitted with modern appliances and contain the most complete medical library ever collected in Mexico. There also will be a chemical laboratory, as well as a hall fitted for microscopic studies, and a dissecting room. The structure has cost so far $226,000, not including fixtures.—Monterey (Mex.) *News.*